



Office of Racing Commissioner
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www.michigan.gov/horseracing

Office of Racing Commissioner

HORSES TREATED WITH EXTRA CORPOREAL SHOCK OR RADIAL PULSE WAVE THERAPY

Horse name _____ Tattoo Number _____

Color _____ Sex _____ Year Foaled _____

Trainer (Printed) _____

Diagnosis _____

Areas Treated with Therapy RF LF RR LR

Date Treatment was Administered _____

Treating Veterinarian (Printed) _____

MI Vet License No. _____

Treating Veterinarian (Signature)

Date

FOR OFFICIAL USE ONLY

Received By (ORC Staff) _____

Date _____ Time _____

THE ABOVE HORSE WILL NOT BE ELIGIBLE TO RACE IN THIS
JURISDICTION UNTIL

_____.

State Of Michigan
RC-108 (01/08)

In accordance with Act 279, Public Acts 1995, as amended